Revision:		HCFA-PM-91- 4 AUGUST 1991	(BPD)	ATTACHMENT 4.18-E Page 1							
				OMB No.: 0938-							
	STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT										
	State/Territory:WISCONSIN										
	Optional Sliding Scale Premiums Imposed on Qualified Disabled and Working Individuals										
Α.	qualif	The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:									
Not applicable. No premiums imposed in Wisconsin.											
В.	for pro	emium payment, n	is as follows (include due date consequences of nonpayment, and er of premium payment):								
	Not app	plicable.									
*Description provided on attachment.											
TN No. 91-0027 Supersodes Approval Data /3-9-9/											
Supersedes Approval Date 12-9-9 Effective Date 10/1/91 TN No. 90-0031											

A5:52.

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HCFA ID: 7986E

Rev	ision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		ATTACHMENT 4.18- Page 2 OMB No.:0938-	E
		STATE PLAN U	NDER TITLE X	IX OF THE	SOCIAL SECURITY AC	r
		State/Territor	y: <u>WISC</u>	NISIN		
c.	State	or local funds	under other	programs a	re used to pay for	premiums:
		Yes	<u>/X/</u>	No		
	N/A					
D.	a prem	riteria used for nium because it bed below:	determining would cause	whether than undue ha	he agency will wai ardship on an indi	ve payment of vidual are
	N/A					
*Des	cription	on provided on	attachment.			
Supe	o.9]-0	Approval Date	Date 12-9	7-9/ E	ffective Date]	0 /7 /01
TNN	io. <u>9</u> 1	0-0031			CFA ID: 7986E	-
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